

MDR Tracking Number: M5-04-0859-01

A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on November 20, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The regional manipulation, therapeutic exercises, joint mobilization, office visits, hot/cold packs, medical reports, electrical stimulation, myofascial release and ultrasound therapy were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the services listed above.

This findings and decision is hereby issued this 19th day of February 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 03/14/03 through 04/30/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 19th day of February 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/pr

February 18, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION
Amended Determination**

RE: MDR Tracking #: M5-04-0859-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on ___. The patient reported that while at work he fell from a roof injuring his neck, low back/mid back, bilateral wrists, and sustaining a right radial fracture. The patient was evaluated and placed in a cast for the right radius fracture. On 2/7/03 the patient's cast was removed. He was then evaluated by a chiropractor and began treatment that consisted of passive physical medicine and then transitioned into active rehabilitation. A MRI of the lumbar spine dated 3/6/03 showed mild facet arthrosis at the L5-S1 level. The patient underwent a MRI of the right and left knee on 3/25/03. The MRI of the right knee showed findings of contusion and edema pre-patellar soft tissues to a mild degree, focal areas of thickening of the patellar tendon consistent with tendonitis change or subacute to chronic "jumpers knee", and small joint effusion. The MRI of the left knee indicated small joint effusion, mild findings of chondromalacia patellae, and pre-patellar soft tissue edema suspicious for contusion and inflammation. The diagnoses for this patient have included cervical sprain/strain, lumbosacral sprain/strain, bilateral sprain/strain of the wrist and hand, thoracic/lumbosacral radiculitis, thoracic sprain/strain, and healed fracture of the radius. Treatment for this patient's condition has included manipulations, joint mobilization, therapeutic exercises, electrical stimulation, ultrasound therapy and myofascial release.

Requested Services

Regional manipulation, therapeutic exercises, joint mobilization, office visits, hot/cold packs, medical reports, electrical stimulation, myofascial release, ultrasound therapy from 3/14/03 through 4/30/03.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a male who sustained a work related injury to his neck, low/mid back, bilateral wrists, and sustained a right radial fracture. The ___ chiropractor reviewer also noted that the diagnoses for this patient have included cervical sprain/strain, lumbosacral sprain/strain, bilateral sprain/strain of the wrist and hand, thoracic/lumbosacral radiculitis, thoracic sprain/strain, and healed fracture of the radius. The ___ chiropractor reviewer further noted that the treatment for this patient's condition has included manipulations, joint mobilization, therapeutic exercises, electrical stimulation, ultrasound therapy and myofascial release. The ___ chiropractor reviewer explained that the patient responded to the treatment rendered despite the amount of injuries to his body. Therefore, the ___ chiropractor consultant concluded that the regional manipulation, therapeutic exercises, joint mobilization, office visits, hot/cold packs, medical reports, electrical stimulation, myofascial release, ultrasound therapy from 3/14/03 through 4/30/03 were medically necessary to treat this patient's condition.

Sincerely,